DAILY MEAL COUNT FORM

For Self-Prep On-site Meal Service

Directions: Please complete all parts of the form below each day. Use a separate copy for each meal.

1.	Spon	sor Na	me:												Date:											
2.	Site N	Site Name/Location: Site Supervisor's Name: # Meals Prepared # Meals Prepared # Meals Served To CHILDREN: Cross out the appropriate number as earnumber crossed out. The meal count should not be taken before anyone has number crossed out. The meal count should not be taken before anyone has number crossed out. The meal count should not be taken before anyone has number crossed out. The meal count should not be taken before anyone has number crossed out. The meal count should not be taken before anyone has number crossed out. The meal count should not be taken before anyone has number crossed out. The meal count should not be taken before anyone has number crossed out. The meal count should not be taken before anyone has number crossed out. The meal count should not be taken before anyone has number crossed out. The meal count should not be taken before anyone has number crossed out. The meal count should not be taken before anyone has number crossed out. The meal count should not be taken before anyone has number crossed out. The meal count should not be taken before anyone has number crossed out. The meal count should not be taken before anyone has number crossed out. The meal count should not be taken before anyone has number crossed out. The meal count should not be taken before anyone has number crossed out. The meal count should not be taken before anyone has number crossed to page anyone has number crossed out. The meal count should not be taken before anyone has number crossed to page anyone has number crossed to the previous number crossed to the appropriate number as earnumber crossed to the meal count should not be taken before anyone has number crossed to the previous number as number crossed													Circle	e Meal	Туре:	Break	xfast l	Lunch	Snack					
3.	3. Site Supervisor's Name: 4. # Meals Prepared							Time	e of De	livery:(site su	perviso	r fill in)													
4.	# Mea	als Pre	epared	_			-	+				e from	_			_ =			5							
5.																				last						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20						
	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40						
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60						
														74	75	76	77	78	79	80						
														194			197	198	199	200						
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	Site Name/Location:														_											
7.							-		-	-		19 20)	1	Fotal S	SECON				+						
8.	Meals	s serve	ed to P	ROGF	RAM AI	DULTS	S (if allo	owed b	y spo	nsor):				To	otal PR	OGRA	AM AD									
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10.	1 2	3 4	3 0	7 0	9 10	/ 11	12 13) 14	10 1	0 17	10	19 20			T	OTAL	MEAL	S SEF	RVED	+						
11.																										
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41																										

DAILY MEAL COUNT FORM AND DELIVERY RECEIPT

For Self-Prep Satellited Meals

Directions: Please complete all parts of the form below each day. Use a separate copy for each meal. This form must be turned in to the sponsor on a regular basis.

_	Spinsor Name: Date:																				
1.	Site Name/Location: Site Supervisor's Name: # Meals Ordered (central kitchen fill in from previous day count sheet or by telephone): # Meals Delivered (site supervisor fill in): # # Meals Available from Previous day count sheet or by telephone): # Meals Served To CHILDREN: Cross out the appropriate number anumber crossed out. The meal count should not be taken before anyone 1																				
2.	Site N	lame/L	ocatio	n:											Circle	Meal	Type:	Break	ĸfast	Lunch	Snack
3.	Site S	Superv	isor's N	Name:										Tim	e of De	livery:	(site su	perviso	r fill in)		
4.																	Delive	ery			
5.							_					evious	_			=					
6.	Site Name/Location: Circle Meal Type: Breakfast Lunch Snack																				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
	21																	38		40	
														.							
	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	
	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	
	·											oove)	П								
7.	SECOND MEALS Served to Children (if allowed by sponsor): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Total SECOND Meals Served to Children (if allowed by sponsor): to Chi													+							
8.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 to Meals served to PROGRAM ADULTS (if allowed by sponsor): Total PROGRAM ADU															+					
9.												19 20)	1							
10.															TO	DTAL	MEAL	S SEF	RVED	+	
11.															Dar	nageo	l/incon	nplete I	Meals	+	
12.																	Lef	t over I	Meals	+	
13.							T	OTAL	MEAL	.S (Sho	ould ed	qual "T	otal N	leals A	vailable	" note	d in Li	ne 5 a	bove)	=	
14.															OUT (e.	g., frui	t in 6 r	meals v	was sp	oiled; 2	2 meals were
15.								ED FO		XT DE	LIVER	Y DA1	E:								
I cer	tify th	at the	abov	e info	rmatio	on is t	rue ar	nd cor	rect:	_	_	_	_	_		_	_	_	_		
Sign	ature c	of Site	Super	visor: _													Da	ite:			

DAILY MEAL COUNT FORM AND DELIVERY RECEIPT

For Satellited Meals from Vendor

Directions: Please complete all parts of the form below each day. Use a separate copy for each meal. This form must be turned in to the sponsor on a regular basis. A delivery receipt must be used for "communication" and documentation with the vendor.

1.	Sponsor Name:		Date:											
2.	Site Name/Location:		Circle Meal Type: Breakfast Lunch Snack											
3.	Site Supervisor's Name:	Tim	ne of Delivery:(site supervisor fill in)											
4.	# Meals Ordered (vendor fill in from previous day count sheet or by telephone)													
5.	# Meals Delivered (site supervisor fill in): # Meals Available from Previous Day (site supervisor in	ı):	Total Meals Available (site supervisor fill in):											
6.	FIRST MEALS SERVED TO CHILDREN: Cross out the appropriate number as enumber crossed out. The meal count should not be taken before anyone has													
	1 2 3 4 5 6 7 8 9 10 11 12	13 14												
	121 122 123 124 125 126 127 128 129 130 131 132	133 134												
	141 142 143 144 145 146 147 148 149 150 151 152	153 14	4 155 156 157 158 159 160											
	161 162 163 164 165 166 167 168 169 170 171 172	173 174	4 175 176 177 178 179 180											
	181 182 183 184 185 186 187 188 189 190 191 192	193 194	4 195 196 197 198 199 200											
	Total FIRST Meals Served to Children (number circled above)													
7.	SECOND MEALS Served to Children (if allowed by sponsor): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20		Total SECOND Meals Served to Children +											
8.	Meals served to PROGRAM ADULTS (if allowed by sponsor): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Circle Meal Type: Breakfast Lunch Snack Time of Delivery: (site supervisor fill in) # Meals Packaged for Delivery: (vendor fill in) = Total Meals Available (site supervisor fill in): = Total Meals Available (site supervisor fill in):												
9.	Meals served to NON-PROGRAM ADULTS (if allowed by sponsor): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20		_L _L											
10.			TOTAL MEALS SERVED +											
11.			Damaged/incomplete Meals +											
12.			Left over Meals +											
13.	TOTAL MEALS (Should equal "To	otal Meals Av	Available" noted in Line 5 above) =											
14.	COMMENTS ON MEAL; OTHER PROBLEMS THE SPONSOR NEEDS TO missing milk; 1 sandwich was crushed and inedible, kids didn't like the colesla		OUT (e.g., fruit in 6 meals was spoiled; 2 meals were											
15.		E:												
I cer	tify that the above information is true and correct:													
Sign	ature of Site Supervisor:		Date:											

Signature of Site Supervisor:

DAILY MEAL COUNT FORM

For Day Camp Sites

Sponsor Name:										
Site Supervisor⊡s Name:										
DIRECTIONS: Fill in the camp roster for the session. Use a symbol to denote el total the number of meals served to fre	igibility	of each	n camp	er. Ch	eck off	each d				
CAMP ROSTER FOR WEEK OF	Mor	nday	Tue	sday	Wedn	esday	Thu	rsday	Fri	day
	Brk.	Lunc	Brk.	Lunc	Brk.	Lunc	Brk.	Lunc	Brk.	Lunc
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22.										
23.										
24.										
25.										
TOTALS FOR FREE ELIGIBLE CHILDREN										
TOTALS FOR INELIGIBLE CHILDREN										
# Meals served to Program Adults										
# Meals served to Non-Program Adults										
I certify that the above information is true ar	nd correc	ct:							11	•

SUMMER FOOD SERVICE PROGRAM

Vermont Department of Education Child Nutrition Programs

DAILY MEAL COUNT FORM FOR RESIDENTIAL CAMPS

Camp Name:

DIRECTIONS: Fill in the camp roster for each session and make enough copies for the number of weeks in the session. Use a symbol to denote eligibility of each camper. Check off each day each child eats., then total the number of meals served to free eligible and ineligible campers daily.

CAMP ROSTER FOR			nday				nday		Tuesday					_	nesda				sday		Friday					Saturday		
		L	Su	Sn	В	L	Su	Sn	В	L	Su	Sn		L	Su	Sn	В	L	Su	Sn	В	L	Su	Sn	В	L	Su	Sn
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# Meals served to Program Adults																												
# Meals served to Non-Program Adults																												